

Sep. 21. 2005 12:00PM

Market Finders SC

No. 3745

P. 1

175974

2005-298-T

EMPIRE FIRE and MARINE INSURANCE CO.
INDEMNITY INSURANCE CO.
EXECUTIVE OFFICES

1524 DOUGLAS STREET OMAHA, NEBRASKA 68102

CERTIFICATE OF INSURANCE

| | | | |
|--|----------------------|---|--|
| NAMED INSURED AND ADDRESS AMERICAN INVESTIGATIVE SERVICES LLC 1502 RUTHERFORD RD GREENVILLE SC 29607 | | AGENT MARKET FINDERS INSURANCE CORPORATION P O BOX 16509 GREENVILLE, SC 29606 | |
| THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE NAMED INSURED FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. | | | |
| TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) |
| GENERAL LIABILITY <input type="checkbox"/> PREMISES/OPERATORS <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNERS & CONTRACTORS PROTECTIVE | | | |
| AUTO LIABILITY <input type="checkbox"/> NON-TRUCKING <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY | CL236129 | 9/19/05 | 9/19/06 |
| CARGO | | | |
| TRUCKMEN LEGAL LIABILITY | | | |
| AUTO PHYSICAL DAMAGE | | | |
| PROFESSIONAL LIABILITY | | | |
| OTHER | | | |
| SCHEDULE OF AUTOS OR CLASSIFICATIONS VEHICLE SCHEDULE ON FILE WITH COMPANY | | | |

In the event of any material change in, or cancellation of, said policies, the undersigned company will endeavor to give 10 days written notice to party to whom this certificate is issued, but failure to give such notice shall impose no obligation nor liability upon the company.

Dated 9/19/05 JACheck
Name of
Company
☒ Empire Fire and Marine Insurance Company
 or
☐ Empire Indemnity Insurance Company
CERTIFICATE ISSUED TO:NAME
and
ADDRESS

SC OFFICE OF REGULATORY
STAFF
PO BOX 11263
COLUMBIA SC 29211


 Authorized Representative